

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number Q95210 Confirmation Number 3865
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ Signature _____ Typed or printed name _____	In re Application of Yasuhiro YAMASAKI	
	Application Number 10/581,397	Filed August 4, 2006
	For SESSION RELAYING APPARATUS, SESSION RELAY METHOD, AND SESSION RELAY PROGRAM	
	Art Unit 2442	Examiner Jason D. Recek
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$540.00 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: _____ <input checked="" type="checkbox"/> Payment by credit card. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account. <input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.		
CORRESPONDENCE ADDRESS Direct all correspondence to the address for SUGHRUE MION, PLLC filed under the Customer Number listed below: <div style="text-align: center;"> <small>WASHINGTON OFFICE</small> 23373 <small>CUSTOMER NUMBER</small> </div>		
I am the <input type="checkbox"/> applicant/inventor. _____ <div style="text-align: right;">/Ebenesar D. Thomas/ Signature</div> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) _____ <div style="text-align: right;">Ebenesar D. Thomas Typed or printed name</div> <input checked="" type="checkbox"/> attorney or agent of record. Registration number 62,499 _____ <div style="text-align: right;">(202) 293-7060 Telephone number</div> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ <div style="text-align: right;">January 28, 2011 Date</div>		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		
<input checked="" type="checkbox"/> *Total of <u>1</u> form is submitted.		